



## Complete Summary

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### TITLE

Tobacco cessation: percent of patients using tobacco who have been counseled three times in twelve months to cease tobacco use (NEXUS non-mental health subgroup cohort).

### SOURCE(S)

Office of Quality and Performance (10Q). FY 2005 VHA executive career field network director performance measurement system and JCAHO hospital core measures. Technical manual. Washington (DC): Veterans Health Administration (VHA); 2005 Mar 9. 244 p.

## Measure Domain

### PRIMARY MEASURE DOMAIN

Process

The validity of measures depends on how they are built. By examining the key building blocks of a measure, you can assess its validity for your purpose. For more information, visit the [Measure Validity](#) page.

### SECONDARY MEASURE DOMAIN

Does not apply to this measure

## Brief Abstract

### DESCRIPTION

This measure assesses the percent of patients using tobacco who have been counseled three times in twelve months to cease tobacco use.

### RATIONALE

According to the Centers for Disease Control and Prevention (CDC), about 8.6 million people in the United States have at least one serious illness caused by smoking. Smoking-attributable illness is a major contributor to the \$75 billion per year in direct medical costs from smoking. Approximately 440,000 people in the United States die of a smoking-attributable illness, resulting in 5.6 million years of potential life lost and \$82 billion in lost productivity from smoking. For every person who dies of a smoking attributable disease, there are 20 more people

suffering with at least one serious illness from smoking. Among current smokers, chronic lung diseases account for 73% of smoking-attributable conditions. Among former smokers, chronic lung diseases account for 50% of smoking-attributable conditions, followed by heart attacks (24%). Many more people are harmed by tobacco use than are indicated by death rates alone, and more individuals will experience serious chronic diseases attributed to smoking if they continue to smoke.

Smoking accounts for one out of every five deaths in the U.S. It is the most important modifiable cause of premature death, responsible annually for an estimated 5 million years of potential life lost. Tobacco cessation counseling on a regular basis is recommended for all persons who use tobacco products. (United States Prevention Services Task Force [USPSTF])

Practical interventions exist for controlling and preventing many chronic diseases. Implementing proven clinical smoking cessation interventions would cost an estimated \$2,587 for each year of life saved, the most cost-effective of all clinical preventive services. (CDC)

#### PRIMARY CLINICAL COMPONENT

Tobacco cessation; counseling

#### DENOMINATOR DESCRIPTION

Patients from the NEXUS Non-mental Health Subgroup cohort who use tobacco (see the related "Denominator Inclusions/Exclusions" field in the Complete Summary)

#### NUMERATOR DESCRIPTION

The number of patients from the denominator who have been counseled three times in 12 months to cease tobacco use (see the related "Numerator Inclusions/Exclusions" field in the Complete Summary)

### Evidence Supporting the Measure

#### EVIDENCE SUPPORTING THE CRITERION OF QUALITY

- A clinical practice guideline or other peer-reviewed synthesis of the clinical evidence
- One or more research studies published in a National Library of Medicine (NLM) indexed, peer-reviewed journal

#### NATIONAL GUIDELINE CLEARINGHOUSE LINK

- [VA/DoD clinical practice guideline for the management of tobacco use.](#)

## Evidence Supporting Need for the Measure

### NEED FOR THE MEASURE

Use of this measure to improve performance  
Variation in quality for the performance measured

### EVIDENCE SUPPORTING NEED FOR THE MEASURE

Office of Quality and Performance (10Q). FY 2005 VHA executive career field network director performance measurement system and JCAHO hospital core measures. Technical manual. Washington (DC): Veterans Health Administration (VHA); 2005 Mar 9. 244 p.

## State of Use of the Measure

### STATE OF USE

Current routine use

### CURRENT USE

External oversight/Veterans Health Administration  
Internal quality improvement

## Application of Measure in its Current Use

### CARE SETTING

Ambulatory Care  
Behavioral Health Care

### PROFESSIONALS RESPONSIBLE FOR HEALTH CARE

Advanced Practice Nurses  
Physician Assistants  
Physicians

### LOWEST LEVEL OF HEALTH CARE DELIVERY ADDRESSED

Single Health Care Delivery Organizations

### TARGET POPULATION AGE

Unspecified

### TARGET POPULATION GENDER

Either male or female

## STRATIFICATION BY VULNERABLE POPULATIONS

Unspecified

### Characteristics of the Primary Clinical Component

#### INCIDENCE/PREVALENCE

Unspecified

#### ASSOCIATION WITH VULNERABLE POPULATIONS

Unspecified

#### BURDEN OF ILLNESS

See "Rationale" field.

#### UTILIZATION

Unspecified

#### COSTS

See "Rationale" field.

### Institute of Medicine National Healthcare Quality Report Categories

#### IOM CARE NEED

Staying Healthy

#### IOM DOMAIN

Effectiveness  
Patient-centeredness

### Data Collection for the Measure

#### CASE FINDING

Users of care only

#### DESCRIPTION OF CASE FINDING

Eligible patients from the NEXUS Non-mental Health Subgroup cohort\*

\*Refer to the original measure documentation for patient cohort description.

## DENOMINATOR SAMPLING FRAME

Patients associated with provider

## DENOMINATOR INCLUSIONS/EXCLUSIONS

### Inclusions

Patients from the NEXUS Non-mental Health Subgroup cohort who use tobacco\*

\*Eligible Patients: Meets cohort selection criteria (refer to the original measure documentation for patient cohort description) AND documented in the medical record during the 12 months prior to the most recent qualifying visit the patient was using tobacco

If a patient was not screened in the past 12 months and not known to be a lifetime non-tobacco user, they are presumed to use tobacco and are to be included in the denominator (count against the facility).

If conflicting documentation exists as to whether the patient uses tobacco or not (tobacco user and non-tobacco user both documented), they are presumed to use tobacco.

### Exclusions

Unspecified

## DENOMINATOR (INDEX) EVENT

Encounter

## DENOMINATOR TIME WINDOW

Time window precedes index event

## NUMERATOR INCLUSIONS/EXCLUSIONS

### Inclusions

The number of patients from the denominator who have been counseled three times in 12 months to cease tobacco use\*

\*Note:

Three Times in Twelve Months: How many times do they have to be counseled? The number of times seen in any clinic in the past 12 months with a maximum of 3 and a minimum of 1 (patient has to have at least 1 visit to be in the sample). Just as telephone care provided for care may be used to meet the intent of this measure, telephone clinical care documented in Computerized Patient Record System (CPRS) will also count toward the number of counseling sessions required.

Where Can They Receive the Counseling?: In ANY setting (inpatient or any outpatient clinic). Beginning FY05, Telephone Care Counseling is acceptable if it meets the same requirements of content, credential of counselor, time, and documentation as a face-to-face meeting.

What Counts as Counseling?: Documentation the patient is advised to stop smoking cigarettes, cigars, pipe, chewing tobacco, or using snuff; referred to or already attending a tobacco cessation class or program. A maximum of one counseling is attributed to one visit (per day, not per encounter). Attendance at a smoking cessation program counts as one counseling for one visit. If counseled as an inpatient, only one counseling is counted per admission.

Exclusions  
Unspecified

#### NUMERATOR TIME WINDOW

Fixed time period

#### DATA SOURCE

Administrative and medical records data

#### LEVEL OF DETERMINATION OF QUALITY

Individual Case

#### PRE-EXISTING INSTRUMENT USED

Unspecified

### Computation of the Measure

#### SCORING

Rate

#### INTERPRETATION OF SCORE

Better quality is associated with a higher score

#### ALLOWANCE FOR PATIENT FACTORS

Unspecified

#### STANDARD OF COMPARISON

Internal time comparison  
Prescriptive standard

#### PRESCRIPTIVE STANDARD

Fiscal year (FY) 2005 targets for tobacco counseling three times (NEXUS Non-mental Health Subgroup):

- Facility Floor: 64%
- Meets Target: 86%
- Exceeds Target: 90%

#### EVIDENCE FOR PRESCRIPTIVE STANDARD

Office of Quality and Performance (10Q). FY 2005 VHA executive career field network director performance measurement system and JCAHO hospital core measures. Technical manual. Washington (DC): Veterans Health Administration (VHA); 2005 Mar 9. 244 p.

## Evaluation of Measure Properties

### EXTENT OF MEASURE TESTING

Unspecified

## Identifying Information

### ORIGINAL TITLE

Tobacco counseling three times (NEXUS non-mental health subgroup).

### MEASURE COLLECTION

[Fiscal Year \(FY\) 2005: Veterans Health Administration \(VHA\) Performance Measurement System](#)

### MEASURE SET NAME

[Tobacco](#)

### DEVELOPER

Veterans Health Administration

### ADAPTATION

Measure was not adapted from another source.

### RELEASE DATE

2001 Nov

### REVISION DATE

2005 Mar

### MEASURE STATUS

Please note: This measure has been updated. The National Quality Measures Clearinghouse is working to update this summary.

### SOURCE(S)

Office of Quality and Performance (10Q). FY 2005 VHA executive career field network director performance measurement system and JCAHO hospital core measures. Technical manual. Washington (DC): Veterans Health Administration (VHA); 2005 Mar 9. 244 p.

#### MEASURE AVAILABILITY

The individual measure, "Tobacco Counseling Three Times (NEXUS Non-mental Health Subgroup)," is published in "FY 2005 VHA Performance Measurement System: Technical Manual."

For more information contact:

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#### NQMC STATUS

This NQMC summary was completed by ECRI on September 27, 2002. The information was verified by the Veterans Health Administration on October 29, 2002. This NQMC summary was updated by ECRI on December 8, 2004. The information was verified by the measure developer on December 10, 2004.

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